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PTO/SB/21 (08-08)

Approved for use through 09/30/2008. OMB 0651-0031  
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## TRANSMITTAL FORM

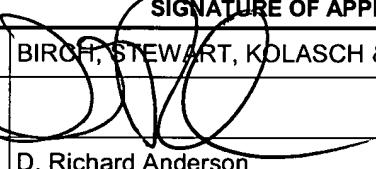
(to be used for all correspondence after initial filing)

		Application Number	09/954,964-Conf. #9017
		Filing Date	September 19, 2001
		First Named Inventor	Kazuo SHIOTA
		Art Unit	3696
		Examiner Name	D. S. Felten
Total Number of Pages in This Submission	10	Attorney Docket Number	2091-0245P

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition to Withdraw Abandonment	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	-Stamped Postcard (copy)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	-Reply as filed (copy)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP		
Signature			
Printed name	D. Richard Anderson		
Date	September 12, 2008	Reg. No.	40,439



# COPY

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b>		Application Number	09/954,964-Conf. #9017
<b>For FY 2008</b>		Filing Date	September 19, 2001
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Kazuo SHIOTA
TOTAL AMOUNT OF PAYMENT (\$ 2,230.00)		Examiner Name	D. S. Felten
		Art Unit	3694
		Attorney Docket No.	2091-0245P

**METHOD OF PAYMENT** (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_  
 Deposit Account   Deposit Account Number: 02-2448   Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    Credit any overpayments

**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**
Fee Description

 Each claim over 20 (including Reissues)      Fee (\$)      Small Entity Fee (\$)  
 50      25

 Each independent claim over 3 (including Reissues)      Fee (\$)      Small Entity Fee (\$)  
 210      105

 Multiple dependent claims      Fee (\$)      Small Entity Fee (\$)  
 370      185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- =	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
- =	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

 Other (e.g., late filing surcharge): 1255 Extension for response within fifth month      2,230.00

<b>SUBMITTED BY</b>		Registration No. (Attorney/Agent)	40,439	Telephone	(703) 205-8035
Signature			Date	July 14, 2008	
Name (Print/Type)	D. Richard Anderson				